PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/622,294				ing Date 18/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FI	.ED	NUMBER EXTRA	UMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A	N/A		N/A]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		I	N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A		N/A		I	N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mir	us 20 = *			ı	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *			I	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	eets of pap \$250 (\$125 Iditional 50	wings exceed eation size fee tity) for each ction thereof. S 37 CFR 1.16(s	due See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							ı			1			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THA (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	03/26/2009	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESE LY EXTR		l	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 8	Minus	 20	= 0		-	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 1	Minus	···3	= 0		ı	x \$ =		OR	X \$220=	0	
M	Application Size Fee (37 CFR 1.16(s))						ı						
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						ı			OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAININ AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESE LY EXTR		I	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))		Minus	**	=		ı	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***			I	x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))						ı]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
_								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

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